

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						Serial No.	Filing Date
						101596892	
						Applicant(s)	
CLAIMS							
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1							51
2							52
3							53
4							54
5							55
6							56
7							57
8							58
9							59
10							60
11							61
12							62
13							63
14							64
15							65
16							66
17							67
18		1					68
19			1				69
20				1			70
21					1		71
22						1	72
23		1					73
24				1			74
25					1		75
26						1	76
27							77
28		1					78
29				1			79
30					1		80
31						1	81
32					1		82
33						1	83
34							84
35							85
36							86
37							87
38							88
39							89
40							90
41							91
42							92
43							93
44							94
45							95
46							96
47							97
48							98
49							99
50							100
TOTAL IND.		3		3			
TOTAL DEP.		14		14			
TOTAL CLAIMS		17		17			